ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*
MARK J. GERAGOS, ESQ. | SBN: 108325
GERAGOS & GERAGOS
644 SOUTH FIGUEROA STREET LOS ANGELES, CA 90017
TELEPHONE NO.: (213) 625-3900 | FAX NO. (213) 232-3255 | E-MAIL ADDRESS: jamesr@geragos.com
ATTORNEY FOR *(Name): AMERICAN VIDEO DUPLICATING, et al.* Plaintiffs:

FOR COURT USE ONLY

UNITED STATES DISTRICT COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA

STREET ADDRESS: 350 W.1st Street, Ste 4311
MAILING ADDRESS:
CITY AND ZIP CODE: LOS ANGELES, CA 90012
BRANCH NAME:

Hearing Date: Room:
Hearing Time: Dept:

PLAINTIFF: AMERICAN VIDEO DUPLICATING, INC., et al.
DEFENDANT: CITIGROUP INC., et al.

CASE NUMBER:
2:20-CV-03815-ODW (AGR)

Ref. No. or File No.:

PROOF OF SERVICE

AT THE TIME OF SERVICE I WAS AT LEAST 18 YEARS OF AGE AND NOT A PARTY TO THIS ACTION
I SERVED COPIES OF THE FOLLOWING DOCUMENTS:

SUMMONS; COMPLAINT; ATTACHMENT #1 TO SUMMONS; ATTACHMENT #2 TO SUMMONS; CIVIL COVER SHEET; CERTIFICATION AND NOTICE OF INTERESTED PARTIES; NOTICE OF ASSIGNMENT TO US JUDGES; CIVIL MINUTES-GENERAL; NOTICE TO PARTIES OF COURT-DIRECTED ADR PROGRAM; NOTICE OF ERRATA TO COMPLAINT;

PARTY SERVED: **US BANCORP**

PERSON SERVED: **CT Corporation System, Inc., REGISTERED AGENT**

DATE OF DELIVERY: **5/15/2020**

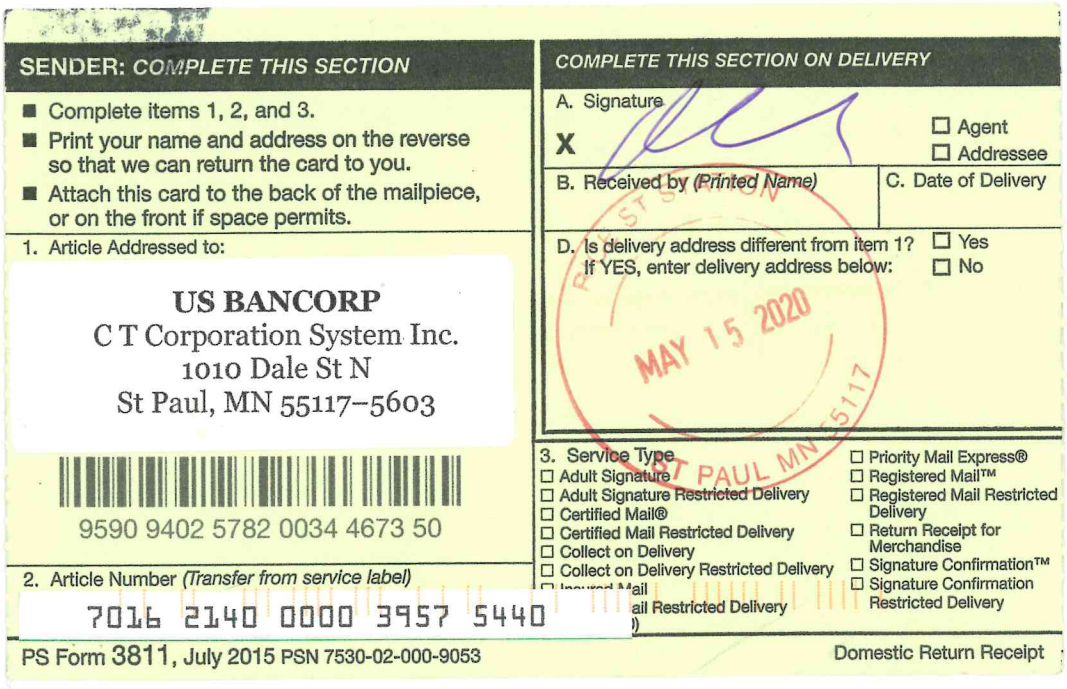
ADDRESS, CITY, AND STATE: **1010 Dale St N**
St. Paul, MN 55117-5603

MANNER OF SERVICE:
By Certified Mail with Return Receipt Requested, Attached

Fee for Service: $ 0.00

I declare under penalty of perjury under the laws of the The State of California that the foregoing information contained in the return of service and statement of service fees is true and correct and that this declaration was executed on May 19, 2020.

Signature: _____
JAMES RIMONTE



SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

US BANCORP
C T Corporation System Inc.
1010 Dale St N
St Paul, MN 55117–5603

9590 9402 5782 0034 4673 50

2. Article Number *(Transfer from service label)*
7016 2140 0000 3957 5440

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

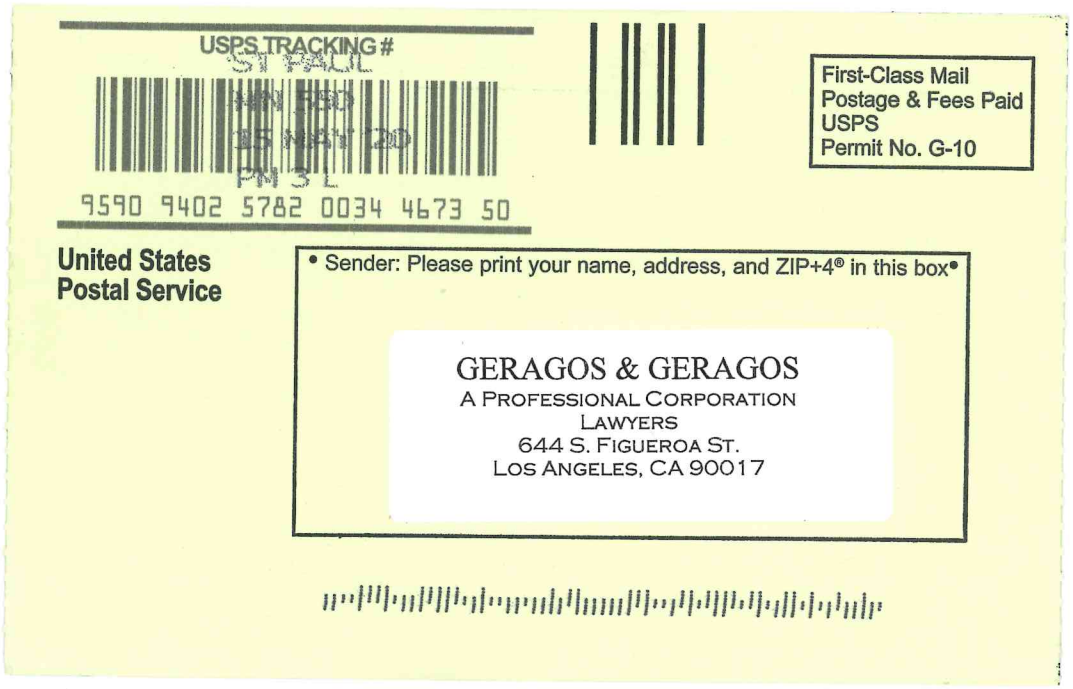
B. Received by *(Printed Name)*
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

MAY 15 2020
ST PAUL MN 55117

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt


USPS TRACKING #
9590 9402 5782 0034 4673 50
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10
United States
Postal Service
• Sender: Please print your name, address, and ZIP+4® in this box•
GERAGOS & GERAGOS
A PROFESSIONAL CORPORATION
LAWYERS
644 S. FIGUEROA ST.
LOS ANGELES, CA 90017